

Exhibit 2



About Child Sexual Abuse



For Everyone
MAY 16, 2024

CDC's website is being modified to comply with President Trump's Executive Orders.

KEY POINTS

- Child sexual abuse is a serious public health problem and an adverse childhood experience (ACE).
- Child sexual abuse can have a long-term impact on health, opportunity, and well-being.



What is child sexual abuse?

Child sexual abuse refers to the involvement of a child (person less than 18 years old) in sexual activity that violates the laws or social taboos of society and that the child [\[1\]](#):

- Does not fully comprehend.
- Does not consent to or is unable to give informed consent to.
- Is not developmentally prepared for and cannot give consent to.

Quick facts and stats

Many children wait to report or never report child sexual abuse. Therefore, the numbers below likely underestimate the true impact of the problem. Although estimates vary across studies, the research shows:

- At least one in four girls and one in 20 boys in the United States experience child sexual abuse. [\[2\]](#) [\[3\]](#) [\[4\]](#)
- About 90% of child sexual abuse is perpetrated by someone known and trusted by the child or child's family members. [\[5\]](#)
- The total lifetime economic burden of child sexual abuse in the United States in 2015 was estimated to be at least \$9.3 billion. [\[6\]](#)

Outcomes

Experiencing child sexual abuse can affect how a person thinks, acts, and feels over a lifetime. This can result in short- and long-term physical, mental, and behavioral health consequences, [\[7\]](#) such as...

Physical health consequences:

- Sexually transmitted infections (STIs). [\[8\]](#)
- Physical injuries. [\[9\]](#)
- Chronic conditions later in life, such as heart disease, obesity, and cancer. [\[10\]](#)

Mental health consequences:

- Depression.^[11]
- Post-traumatic stress disorder symptoms.^[11]

Behavioral consequences:

- Substance use/misuse, including opioid misuse.^[12]
- Risky sexual behaviors, meaning sex with multiple partners or behaviors that could result in pregnancy or STIs.^{[10] [13]}
- Increased risk for perpetration of sexual violence.^{[14] [15]}
- Increased risk for suicide or suicide attempts.^[16]

Experiencing child sexual abuse can also increase a person's risk for future victimization. For example, women who experienced child sexual abuse are at two to 13 times increased risk for experiencing sexual violence in adulthood.^{[17] [18] [19]} Additionally, people who experienced child sexual abuse are at twice the risk for experiencing non-sexual intimate partner violence.^[20]

Prevention

Child sexual abuse is preventable. Adults are responsible for ensuring that children have safe, stable, nurturing relationships and environments. Resources for child sexual abuse have mostly focused on treatment for victims and criminal justice-oriented approaches for people who commit child sexual abuse. These efforts are important after child sexual abuse has occurred. However, little investment has been made in preventing child sexual abuse.

Until recently, there have been few effective evidence-based strategies available to proactively protect children from child sexual abuse. More resources are needed to develop, evaluate, disseminate, and implement evidence-based child sexual abuse primary prevention strategies. These strategies can help ensure that all children have safe, stable, nurturing relationships and environments.

What CDC is doing

CDC surveillance systems, violence prevention initiatives, and efforts to support partners in the field have increased our understanding of child sexual abuse. However, there are still critical gaps.

Additional efforts in child sexual abuse prevention are needed to:

- Improve surveillance systems and data collection for monitoring child sexual abuse.
- Increase our understanding of risk and protective factors for child sexual abuse perpetration and victimization.
- Strengthen existing and develop new evidence-based policies, programs, and practices for the primary prevention of child sexual abuse through rigorous evaluation research.
- Increase dissemination and implementation of evidence-based strategies for child sexual abuse prevention.

CDC has developed [Prevention Resources for Action](#), formerly known as "technical packages," to help states and communities use the best available evidence to prevent various types of violence.


Since 2020, CDC has funded [nine research cooperative agreements](#) focused on the primary prevention of child sexual abuse. These research studies include both policy and program evaluations at the community, state, and national levels. These studies support the vision of a violence-free society in which all people and communities are safe, healthy, and thriving.






SOURCES

CONTENT SOURCE:

National Center for Injury Prevention and Control

REFERENCES

1. World Health Organization. (2003). *Guidelines for medico-legal care for victims of sexual violence*. Geneva, Switzerland: Author.
2. Finkelhor, D., Shattuck, A., Turner, H. A., & Hamby S. L. (2014). The lifetime prevalence of child sexual abuse and sexual assault assessed in late adolescence. *Journal of Adolescent Health, 55*(3):329-33. doi: 10.1016/j.jadohealth.2013.12.026.
3. Gewirtz-Meydan, A., & Finkelhor, D. (2020). Sexual Abuse and Assault in a Large National Sample of Children and Adolescents. *Child Maltreatment, 25*(2), 203-214. <https://doi.org/10.1177/1077559519873975> 

4. Finkelhor, D., Turner, H., & Colburn, D. (2024). The prevalence of child sexual abuse with online sexual abuse added. *Child abuse & neglect*, 149, 106634. <https://doi.org/10.1016/j.chiabu.2024.106634> 
5. Finkelhor, D., & Shattuck, A. (2012). Characteristics of crimes against juveniles. Durham, NH: Crimes Against Children Research Center. Retrieved from http://www.unh.edu/ccrc/pdf/CV26_Revised%20Characteristics%20of%20Crimes%20against%20Juveniles_5-2-12.pdf  
6. Letourneau, E. J., Brown, D. S., Fang, X., Hassan, A., & Mercy, J. A. (2018). The economic burden of child sexual abuse in the United States. *Child Abuse & Neglect*, 79, 413–422.
7. Merrick, M. T., Ford, D. C., Ports, K. A., Guinn, A. S., Chen, J., Klevens, J., & Ottley, P. (2019). Vital Signs: Estimated Proportion of Adult Health Problems Attributable to Adverse Childhood Experiences and Implications for Prevention—25 States, 2015–2017. *Morbidity and Mortality Weekly Report*, 68(44), 999.
8. Norman, R. E., Byambaa, M., De, R., Butchart, A., Scott, J., et al. (2012). The Long-Term Health Consequences of Child Physical Abuse, Emotional Abuse, and Neglect: A Systematic Review and Meta-Analysis. *PLOS Medicine* 9(11): e1001349. <https://doi.org/10.1371/journal.pmed.1001349> 
9. Leeb, R. T., Lewis, T., & Zolotor, A. J. (2011). A review of physical and mental health consequences of child abuse and neglect and implications for practice. *American Journal of Lifestyle Medicine*, 5, 454–68.
10. Felitti, V. J., Anda, R. F., Nordenberg, D., ... & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) study. *American Journal of Preventive Medicine*, 14, 245–258.
1. Putnam, F. W. (2003). Ten-year research update review: Child sexual abuse. *Journal of the American Academy of Child & Adolescent Psychiatry*, 42, 269–278.
2. Tang, S., Ports, K. A., Zhang, K., & Lin, H. C. (2020). Adverse childhood experiences, internalizing/externalizing symptoms, and associate prescription opioid misuse: A mediation analysis. *Prevention Medicine*, 134. doi:10.106/j.ypmed.2020.106034.
3. Mosack, K. E., Randolph, M. E., Dickson-Gomez, J., Abbott, M., Smith, E., & Weeks, M. R. (2010). Sexual risk-taking among high-risk urban women with and without histories of childhood sexual abuse: mediating effects of contextual factors. *Journal of child sexual abuse*, 19(1), 43–61. <https://doi.org/10.1080/10538710903485591> 
4. Widom, C. S. & Massey, C. (2015). A prospective examination of whether childhood sexual abuse predicts subsequent sexual offending. *JAMA Pediatrics*, 169(1):e143357
5. Ogloff, J., Cutajar, M., Mann, E., & Mullen, P. (2012). Child sexual abuse and subsequent offending and victimisation: A 45 year follow-up study. Trends & issues in crime and criminal justice no. 440. Canberra: Australian Institute of Criminology.
6. Bebbington, P. E., Cooper, C., Minot, S., Brugha, T. S., Jenkins, R., Meltzer, H., & Dennis, M. (2009). Suicide attempts, gender, and sexual abuse: Data from the 2000 British Psychiatric Morbidity Survey. *American Journal of Psychiatry*, 166, 1135–1140.
7. Arata, C. (2002). Child sexual abuse and sexual revictimization. *Clinical Psychology Science and Practice*, 9, 135–164.
8. Cloitre, M., & Rosenberg, A. (2006). Sexual revictimization: Risk factors and prevention. In V. M. Follette & J. I. Ruzek (Eds.), *Cognitive-behavioral therapies for trauma* (pp. 321–361). New York, NY: Guilford.
9. Fergusson, D. M., Horwood, L. J., & Lynskey, M. T. (1997). Childhood sexual abuse, adolescent sexual behaviors and sexual revictimization. *Child Abuse & Neglect*, 21, 789–803.
10. Whitfield, C. L., Anda, R. F., Dube, S. R., & Felitti, V. J. (2003). Violent childhood experiences and the risk of intimate partner violence in adults: Assessment in a large health maintenance organization. *Journal of Interpersonal Violence*, 18, 166–185.